

BRANCH		OLYMPIA
DEPOSIT DATE		6/10/9x
ACCOUNT NAME		Critter Club
CURRENCY	(+)	357.00
COIN	(+)	20.25
FTS	(+)	
FOOD STAMPS	(+)	
CHECKS (LIST BELOW)	(+)	75.00
TOTAL		\$ 452.25
CHECKS		AMOUNT
1	123	50 -
2	456	25 -
3		
4	Total	75 -
5		
6		
7		
8		
9		
10		
11		
12		
13	Games Pulled	
14	for Deposit	
15	Criss Cross	200.25
16	# 40139665	
17	Red Hot 7	106.75
18	# A000185	
19	I ♥ Bingo	145.25
20	# 10133851	
21		452.25
22		
23		
24		
25		
26		
27		
28		
29		
30		

Required
only
for
nonprofit
or
charitable
organizations

Attachment A

Prize Inventory Control Record (Form 1)

Licensee:

Purchased/Donated Merchandise for Prizes:

Description:

Vendor/Donor Name:

Invoice Number:

Invoice Amount:

Number of Items:

Date Issued

of Items Issued

**Cumulative # of
Items Remaining**

Reason for Inventory Removal

Price/Fair Market Value Per Item:

Date Purchased/Received:

Note: This form should be used to track a large quantity of identical items purchased for prizes. For various items, use Form 2.

Attachment "B" (front + back)

Licensee:

Note: This form should be used to track prize inventory of various types. If you purchase large quantities of identical items, please use Form 1.

- (1) Each item should be recorded on a separate line.
- (2) Description of the merchandise should be detailed (brand, size, etc.).
- (3) The actual cost of the item should be recorded unless it is donated, then record the fair market value at the time of the donation.
- (4) Record the reason the merchandise was removed from inventory (issued as prize, returned to vendor, converted for use by organization, etc.).
- (5) The reference number should be the bingo prize receipt number, pull tab series number, etc.

(front)

(back)

PRO FOOTBALL

3. St. Louis (TV) -1	2. San Diego -1
3. Denver -1	4. Cincinnati -1
5. Washington -1	5. Chicago -1
7. Detroit	8. Los Angeles +6
9. New England	10. Buffalo +6
11. Atlanta	12. N.Y. Giants +7
13. Minnesota	14. Green Bay +7
15. Miami	16. Pittsburgh +7
17. Baltimore	18. N.Y. Jets +1
19. Kansas City	20. Cleveland +1
21. Dallas	22. Philadelphia +1
23. San Francisco	24. New Orleans +1
25. Oakland	26. Houston +1

COLLEGE FOOTBALL

27. Georgia Tech	-1	28. Florida St.	-1
29. Iowa	-1	30. Indiana	-1
31. Army		32. Pittsburgh	+3
33. Cornell (TV)		34. Dartmouth	+3
35. Georgia		36. Auburn	+3
37. Clemson		38. Maryland	+7
39. Ohio State		40. Northwestern	+7
41. Princeton		42. Yale	+10
43. Michigan St.		44. Minnesota	+10
45. N. Carolina		46. Virginia	+11
47. Colorado		48. Oklahoma St.	+11
49. Michigan		50. Purdue	+11

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50

Gamas To Be Played - Nov. 13 and 14

All Selections Must Win - Ties Lose

You Must Play At Least 4 Teams

4 teams... 10 for 1
5 teams... 16 for 1
6 teams... 26 for 1
7 teams... 45 for 1
8 teams... 70 for 1
9 teams... 100 for 1
10 teams... 150 for 1

**THIS TICKET NOT TO BE USED
IN VIOLATION OF ANY LAWS.**

393778

Name.

Score: No. of Teams:

393778

Ted
Guest Check

No. of Cts.	Table	No. Persons	Serve	Book & Check No
10/7				987-39
Steeles	-18		11-	
Miami	-13½		11-	(11)
Houston	+14		11-	(10)
Minnes	-3½		11-	(10)
Steeles	-18		1-	
Delas	+2			
Delas	+2		22-	
3400				
+3				
-400				
TAX				(400)
THANK YOU				

Typical
Wagring
Slip

Possible
Indication
of
Bookmaking
Activity

Sports Schedule

Attachment C

Computation of 60% Minimum Payout

Size of Game (# of chances)	_____
Cost Per Play	_____
Potential Gross Receipts	_____
60% Payout Requirement	X <u>.60</u>
Minimum Prize Necessary	_____ (A)
 Licensee's Cost of Prizes	 _____
Mark-up to Retail Value (actual cost plus 50%)	X <u>1.5</u>
Value of Prizes Available (may not exceed \$750)	_____ (B)

(B) Must Be Equal To Or Greater Than (A).

If (B) is greater than \$750, the operator may only use the value of \$750 in computing the value of prizes.

Attachment D

WORKER
INITIALS

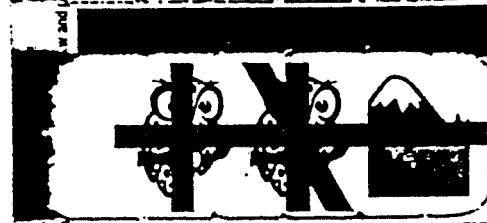
DATE

cur 12/8/71

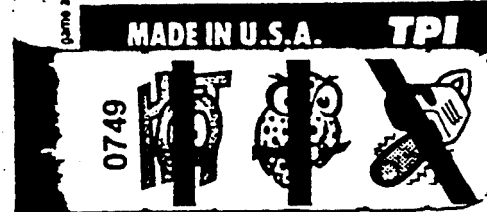


Smith 10/9/48

DATE OF BIRTH



Smith



Sally

WINNER'S NAME
PRINTED
IN INK

**106⁰²*

REDEEMED VALUE
(OPTIONAL)

Attachment F

STEPS TO REDEEM A WINNING PULL TAB
(SEE WAC 230-30-070)

STEP 1

VERIFY BY CHECKING:

- * *Serial No. & Color*
- * *Primary Win Protection*
(all winning tickets)
- * *Secondary Verification Code*
(winners over \$20)

STEP 2

IF OVER \$20:

Winner Requirements

- * *Show ID*
- * *Print Name and Birthdate*
(In Ink) on the Ticket

STEP 3

IF OVER \$20:

Employee Requirements

- | | |
|-------------------------|----------------------|
| * <i>Delete Flare</i> | * <i>Initial and</i> |
| * <i>Verify ID</i> | <i>Date of Win</i> |
| * <i>Deface Tickets</i> | <i>on Ticket</i> |

STEP 4

LAST

PAY WINNER!!

NOTE: *If you suspect a ticket is a forgery, please retain the ticket and contact your local agent immediately. Do not pay the prize until the ticket has been verified.*

*Any Questions, Call Your Local Agent or
the Washington State Gambling Commission
1-800-345-2529*

FORGERY GUIDELINES

This document was prepared for anyone involved in the sales and/or record keeping of pull tabs. Place this near your pull tab sales area where employees may review it or refer to it. Passing an altered or fraudulent ticket may be a violation of RCW 9A.60.020 Forgery (class C felony) and/or RCW 9A.46.196 Cheating (gross misdemeanor).

Behavior Indicators - Any one of the below may indicate a problem:

- A person who is not a regular customer comes in and puts a few dollars in a bowl. He/she later comes back, puts a few more dollars in the same bowl, and wins big.
- While playing pull tabs, a person or his/her companion leaves momentarily to go outside or to the restroom. Shortly after returning, a big winner is presented.
- The person presenting the tab is a fairly new regular customer who may have made an effort to get to know you quickly. The person is hoping you will not check the secondary win code or ask for picture ID.
- A person or his/her companions present more than one big winner on a particular game within a relatively short period of time.
- A person appears anxious or nervous when presenting a winner. Do not allow the player to pressure you into paying him/her immediately. Take your time and slow down the redemption process, being sure to perform each step.

These are by no means the only indicators that something is wrong. You will probably be too busy to watch all of your patrons, but use your gut feelings. If someone seems extremely lucky, it possibly isn't luck.

Prevention/Detection:

Following proper procedures is the most important thing you can do to prevent forgeries. Verifying the secondary win code is the BEST step in preventing forgeries. The Gambling Commission steps for redeeming winning tickets should be followed, regardless of how well you know the player.

	YES	NO *
Does the series number on the ticket agree to the series number on the flare?	_____	_____
Does the secondary win code match the master for the game?	_____	_____
Does the tab appear like it was just dispensed and not damp, tattered, or worn?	_____	_____
Are the edges of the pull tab crisp and even, not overlapping?	_____	_____
Is the tab smooth and consistent in thickness?	_____	_____

* If you answer **NO** to any of the above questions, you *might* have a forgery or a defective game. If you are not sure the tab is good, do not pay the winner. You can always pay the winner later, once the tab has been verified.

What to do:

- Keep the tab! This is your only evidence, so don't give it back!
- Get picture ID from the person and write down their full name, date of birth, driver's license number, and current address. If the person does not show you picture ID, *this is a good indication that there is something wrong*, regardless of how good their excuse might be. Explain that you *must* see picture ID.
- Tell the customer you must retain the ticket and delay payment of the prize until the ticket has been verified as a legitimate winner. You can offer to issue a "receipt" to the player for the retained ticket in lieu of the prize until the ticket has been verified.
- Try to get the person's vehicle license number.
- Preserve the evidence by pulling the game and putting it in a secure location, along with the tab in question. Immediately document the description of the person and the incident, while it is fresh in your mind.
- Contact your local Gambling Commission Agent.

X	Cash	X	Machine	X
X	<u>ONLY</u>	X	Fish Bowl	X

ENFEE NAME: THE OFFICE

MONTH: July

YEAR: 19XX

[illegible]

NOTE: Instructions are on the back of this form. If you have questions, contact your local Special Agent.

Attachment H
(blank form on
back)

PAGE _____ OF _____

Punchboard / Pull Tab Monthly Income Summary

DISPENSER:

Machine	
Fish Bowl	

PRIZE:

**Cash
ONLY**

'PE OF DEVICE:

inboards	||| Tabs

CENSEE NAME:

MONTH: _____ **YEAR:** _____

[illegible]

NOTE: Instructions are on the back of this form. If you have questions, contact your local Special Agent.

WASHINGTON STATE GAMBLING COMMISSION
Punchboard / Pull Tab Monthly Income Summary

TYPE OF DEVICE: ☒ Punchboards ☐ Cash ☐ Machine ☐ Fish Bowl ☒ Mixed ☐ Spindle

TYPE OF PRIZE: ☐ Cash ☐ Merch. ☒ Mixed

DISPENSER: ☐ Machine ☐ Fish Bowl ☒ Spindle

LICENSEE NAME: OPERATOR'S TAVERN

MONTH: JANUARY

YEAR: 19XX

WASHINGTON STATE ID. STAMP NUMBER/LABEL		NAME OF GAME		SERIES NUMBER		DATE IN PLAY		COMPUTATION OF GROSS GAMBLING RECEIPTS										PRIZES PAID		CASH RECONCILIATION			
								(1) SIZE OF GAME	(2) NUMBER OF UNPLAYED CHANCES	(3) NUMBER OF CHANCES PLAYED	(4) COST PER PLAY	(5) GROSS RECEIPTS	CASH PRIZES		(6) COST OF MERCH.		(7) NET GAMBLING RECEIPTS	(8) COST OF MERCH.	(9) EXPECTED CASH COUNT	(10) ACTUAL CASH COUNT	(11) CASH OVER OR (SHORT)		
A000129		Surprise		7869		1-13 1-23		3000	650	2350	254	\$587.50			\$300.00		\$287.50	\$300.00	\$587.50	\$582.15	\$4.35		
A000172		Fishing Poles		71925		1-8 1-25		2500	—	2500	104	250.00	25.00		125.00		100.00	125.00	225.00	225.00	0.00		
A000199		Chain Saws		41682		1-17 1-26		4000	387	3613	504	1806.50			1200.00		606.50	1200.00	1806.50	1806.50	0.00		
10133926		Tonka Toys		4325		1-17 1-30		5000	1162	3838	254	959.50			438.62		520.88	438.62	959.50	950.00	(9.50)		

LOG OF SEQUENCE OF GAMES

NOTE 2: THE JACKPOT MUST BE CARRIED OVER UNTIL IT IS WON.

NOTE 3: THE RETENTION PERIOD FOR ALL GAMES CONTRIBUTING TO A CARRY-OVER JACKPOT BEGINS ON THE LAST DAY OF THE MONTH IN WHICH THE GAME JACKPOT WAS AWARDED, NOT WHEN THE INDIVIDUAL GAME WAS PULLED FROM PLAY.

Attachment

RECEIVED	REVIEWED	ENTERED

WASHINGTON STATE GAMBLING COMMISSION
POST OFFICE BOX 42400
OLYMPIA, WASHINGTON 98504-2400 — (206) 438-7669

ATTENTION
Submit Quarterly Report even if you
had no activity

COMMERCIAL
PUNCHBOARD / PULL TAB
QUARTERLY ACTIVITY REPORT

Please complete the following items: (See attached instructions). Include only items DIRECTLY RELATED to your Punchboard / Pull Tab Activity.
PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.

PUNCHBOARD / PULL TAB FINANCIAL INFORMATION:

	PUNCHBOARDS	+	PULL TABS	=	TOTAL
(1) GROSS GAMBLING RECEIPTS	\$.00	+	\$.00	=	\$.00
(2) PRIZES PAID - Cash	.00	+	.00	=	.00
- Merchandise	.00	+	.00	=	.00
(3) NET GAMBLING RECEIPTS (Deduct prizes paid from line 1)	\$.00	+	\$.00	=	\$.00
EXPENSES:					
(4) WAGES (Include benefits)			.00		.00
(5) PUNCHBOARD / PULL TAB SERIES (Games)			.00		.00
(6) PRORATED LICENSE FEE			.00		.00
(7) TAXES - Indicate Paid or Accrued by circling one					
- Local - Paid/Accrued (City/County)			.00		.00
- State - Paid/Accrued (Incl. B&O and employer paid payroll taxes)			.00		.00
- Federal - Paid/Accrued (Incl. employer paid payroll taxes)			.00		.00
TOTAL TAXES			.00		.00
(8) OCCUPANCY (See supplemental sheet)			.00		.00
(9) DISPENSING MACHINES AND/OR CONTAINERS - Rent / Purchases / Depreciation			.00		.00
(10) GAME ACCOUNTING SERVICE (Name:)			.00		.00
(11) (OVER)/SHORT (Circle one - over in brackets. Deduct overage from expenses.)			.00		.00
(12) OTHER EXPENSES (Attach a detailed list if over \$500)			.00		.00
(13) TOTAL EXPENSES (Add lines 4 through 12)					.00
(14) NET GAMBLING INCOME (Deduct line 13 from line 3)					\$.00

OTHER REQUIRED INFORMATION:

(15) TOTAL GROSS SALES - (Incl. food, drink, cig., jukebox, pool, games, etc.) Do Not Incl. Gambling Receipts	\$.00
(16) GROSS SALES OF FOOD AND / OR DRINK - Do Not Include "to go" (Should be less than line 15)	\$.00
(17) INVENTORY - Number of gambling series (Games):	

	(1) ON HAND BEGINNING OF QTR.	(+)	(2) PURCHASED DURING THE QTR.	(-)	(3) REMOVED FROM PLAY DURING THE QTR.	(=)	(4) ON HAND END OF QTR.
PUNCHBOARDS	#		#		#		#
PULL TABS ...	#		#		#		#

(NOTE: COLUMN (4) CANNOT BE NEGATIVE.)

(18) COST OF CAPITAL IMPROVEMENTS \$.00 (Copies of invoices or other supporting documents may be required)

DO NOT SEND MONEY WITH THIS REPORT

Signature and Verification: I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

(19) _____ (Owner / Officer / Employee) _____ (Title) _____ (Daytime Telephone) _____ (/ /) _____ (Date)

(20) _____ (Print Name of Preparer) _____ (Business Name) _____ (Daytime Telephone) _____ (/ /) _____ (Date)

Send Original to Washington State Gambling Commission. Keep Duplicate for your records.

WASHINGTON STATE GAMBLING COMMISSION

Commercial Punchboard/Pull Tab Wage and Expense Worksheet

LICENSEE: _____ LICENSE # 05-_____ For Quarter Ended: ____/____/____
 License Class _____

Shaded areas indicate numbers you should transfer to activity report.

A. WAGES if material (see line 4)

POSITION (dealing with PB/PT)	TOTAL INCLUDE BENEFITS	Allocation Method Used (Suggested Method: "TIME SPENT")
Bartenders	\$ _____	Percentage
Waitresses / Waiters	_____	Allocated
Other _____	_____	To PB/PT
		line 4, Total
Total	X _____	% = \$ _____

B. TAXES (see line 7)

LOCAL (ranges from zero to 5% of gross gambling receipts)	line 7, Local Total	\$ _____
STATE (actual tax or estimated amount)		
S U T A (section A shaded total x _____ [rate])		\$ _____
L & I (allocated amount)		_____
B & O ("cash" and "merchandise" prizes handled differently)		_____
	line 7, State Total	\$ _____
FEDERAL (actual tax or estimated percentage)		
F U T A (.8% of wages = .008 x Section A shaded total)		\$ _____
F I C A (7.65% of wages = .0765 x Section A shaded total)		_____
IRS Form 11C (Loose Pull Tab Stamps)		_____
IRS Form 730 (.25% of gross = .0025 x gross gambling receipts)		_____
	line 7, Federal Total	\$ _____

C. OCCUPANCY if material (see line 8)

	TOTAL EXPENSE	Allocation Method Used (Suggested Method: "SPACE USED")
Rent	\$ _____	Percentage
Depreciation	_____	Allocated
Utilities (including Telephone)	_____	To PB/PT
Property Tax and Insurance	_____	line 8, Total
Building Repairs / Maintenance / Interest	_____	
Total	X _____	% = \$ _____

D. OTHER PB/PT EXPENSES if material (see line 12)

PB/PT Equipment Repairs / Maintenance	\$ _____	
PB/PT Office / General Supplies	_____	
PB/PT Advertising	_____	
PB/PT Legal & Accounting	_____	
		line 12, Total
		\$ _____

RECEIVED	REVIEWED	ENTERED

WASHINGTON STATE GAMBLING COMMISSION
POST OFFICE BOX 42400
OLYMPIA, WA 98504-2400 — (360) 438-7654, Ext. 327

ATTENTION
Submit report even if you
had no activity

NON-PROFIT COMBINED QUARTERLY ACTIVITY REPORT

PLEASE complete the following items (see attached instructions). Include only items DIRECTLY RELATED to your gambling activities. ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.

FINANCIAL INFORMATION:

	PUNCHBOARDS	PULL TABS	BINGO
(1) GROSS GAMBLING RECEIPTS	\$.00	\$.00	\$.00
(2) PRIZES PAID - Cash	\$.00	\$.00	\$.00
- Merchandise	\$.00	\$.00	\$.00
(3) NET GAMBLING RECEIPTS (Deduct prizes paid from line 1) ..	\$.00	\$.00	\$.00
(4) DONATED BINGO PRIZES	\$.00		
(5) ACCRUED BINGO PRIZES BALANCE ..	\$.00		

EXPENSES:

	PUNCHBOARDS/PULL TABS	BINGO
(6) WAGES - Attach wages supplemental worksheet (Incl. benefits)	\$.00	\$.00
(7) SUPPLIES (Cost of PB/PT games & Bingo supplies) .....	.00	.00
(8) PRORATED GAMBLING LICENSE FEE (Include 1/4 of annual fee) .....	.00	.00
(9) TAXES - Paid or Accrued		
- LOCAL (City / County) .....	.00	.00
- STATE (Incl. B&O and employer paid payroll taxes) .....	.00	.00
- FEDERAL (Incl. employer paid payroll taxes) .....	.00	.00
(10) OCCUPANCY (Allocate if material)		
BUILDING - Rent .....	.00	.00
- Amortization / Depreciation (Circle any that apply) .....	.00	.00
UTILITIES (Include telephone) / REPAIRS / MAINTENANCE .....	.00	.00
PROPERTY TAXES / INSURANCE .....	.00	.00
OTHER (Attach a detailed list if either amount is over \$1,000) .....	.00	.00
RENTAL INCOME OR DONATED USE (credit)		< .00 >
(1) EQUIPMENT - Rent .....	.00	.00
- Interest / Depreciation (Circle any that apply) .....	.00	.00
(12) ADVERTISING .....	.00	.00
(13) CONTRACT SERVICES (Accounting, janitorial, legal, consulting, etc.) .....	.00	.00
(14) (OVER) / SHORT (Put overage in brackets & deduct from expenses) .....	.00	.00
(15) OTHER EXPENSES (Attach a detailed list if either amount is over \$1,000) .....	.00	.00
(16) TOTAL EXPENSES (Add lines 6 through 15) .....	.00	.00
(17) NET GAMBLING INCOME (Add PB/PT Line 3 together, then deduct Line 16)	\$.00	\$.00

(18) PUNCHBOARD/PULL TAB INVENTORY - NUMBER OF GAMES:

	(1) ON HAND BEGINNING OF QTR.	(2) PURCHASED DURING THE QTR.	(3) REMOVED FROM PLAY DURING THE QTR.	(4) ON HAND END OF QTR.
PUNCHBOARDS	#	#	#	#
PULL TABS	#	#	#	#

OTHER REQUIRED INFORMATION:

(19) NET INCOME FROM RETAIL SALES ACTIVITIES (Snack bar, daubers, glue sticks, etc.) .....	.00
(20) NET INCOME FROM DRAWINGS (Conducted primarily in conjunction with Bingo) .....	.00
(21) NET INCOME FROM AMUSEMENT GAMES (Conducted primarily in conjunction with Bingo) .....	.00
(22) TOTAL BINGO ATTENDANCE THIS QUARTER: _____ TOTAL NUMBER OF SESSIONS HELD THIS QUARTER: _____	

DO NOT SEND MONEY WITH THIS REPORT

Signature and Verification: I declare under the penalties of perjury that this report (including any accompanying statements or lists) has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

23) _____ (OFFICER / EMPLOYEE / MEMBER)	_____ (TITLE)	_____ (DAYTIME TELEPHONE)	____/____/____ (DATE)
24) _____ (PRINT NAME OF PREPARER)	_____ (BUSINESS NAME)	_____ (DAYTIME TELEPHONE)	____/____/____ (DATE)

Send ORIGINAL to Washington State Gambling Commission. Keep DUPLICATE for your records.

GC2-242 (7/97)

WASHINGTON STATE GAMBLING COMMISSION

Bingo and PB/PT Employee Supplemental Wage Attachment

IMPORTANT: Attach this schedule to your quarterly Bingo and PB/PT Activity reports.

LICENSEE: _____ BINGO LICENSE-ISSUE # 01- _____ FOR QUARTER ENDED: ____/____/____
 PB / PT LICENSE-ISSUE # 05- _____

NAME	BINGO HOURS WORKED	PB/PT HOURS WORKED	ALL OTHER HOURS WORKED	BINGO WAGES	BINGO PAID BENEFITS	PB/PT WAGES	PB/PT PAID BENEFITS	ALL OTHER WAGES INCLUDE BENEFITS
------	--------------------------	--------------------------	------------------------------	----------------	---------------------------	----------------	---------------------------	--

Managers (indicate primary):				\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
------------------------------	--	--	--	----------	----------	----------	----------	----------

Assistant Managers:
